

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4						
5						
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28						
29	1					
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31	1					
32	1					
33	1					
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39						
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41						
42						
43						
44						
45	1					
46						
47	1					
48						
49	1					
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	CLAIMS					
	IND	DEP	IND	DEP	IND	T DEP
51		1				
52		1				
53						
54						
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98						
99						
100						
TOTAL IND.		1				
TOTAL DEP.						
TOTAL CLAIMS		13				